Department of Health Services Toxic Substances Control Division MAK #252 🚜 🤋 🍕 California—Health and Welfare Agency 💨 Please wint or type. (Form designed for use on elife (12-pitch) typewriter.) Sacramento, California **UNIFORM HAZARDOUS** Manifest 1. Generator's US EPA ID No. 2. Page 1 Information in the shaded areas Document No is not required by Federal **WASTE MANIFEST** មានស្លេសនានាទារាថា 3. Generator's Name and Mailing Address A. State Manifest Document Number DURLAS ATTURAFT COMPANY 90502 190th a Normandia Avenue - Torrance, CA B. State Generator's ID CAD086510005 4. Generator's Phone (213) 533-6677 US EPA ID Number 5. Transporter 1 Company Name C. State Transporter's ID 5 0 8 0 6 8 5 D. Transporter's Phone (L Processa Company US EPA ID Number 7. Transporter 2 Company Name E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address G. State Facility's ID US EPA ID Number CALLES AND AD0207431 P.O.NOK E NEU ROAD H. Facility's Phone Carollia, CA 93429 CADIO20748125(805) 937-8449 12. Containers 13. Total 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Unit Waste No. No. Type Quantity Wt/Vo Weste Sodium Hydroxide Solution - Corrosive - UN1824 001 TT 4500 121 b. C. d. J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above Sodium Hydroxide 88 Sodium Aluminate 68 48 868 908 Water 15. Special Handling Instructions and Additional information Casmalia #67 USE GLOVES, GOGGLES, RESPIRATOR — MAY CAUSE SEVERE BURNS TO SKIN AND EYES. 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Printed/Typed Name S/anatur Month Day Year Donald C. Gerber 17. Transporter 1 Acknowledgement of Receipt of Materials Month Day Printed/Typed Name Year Signature 37897 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space GEMMASS 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Month Day Year

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Department of Health Services
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Sacramento, California

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